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APPLICANTS

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** CONTINUING DATA *****

None *llg*

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY JAPAN | SHEETS DRAWING 6 | TOTAL CLAIMS 3 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>llg</i> Examiner's Signature _____ Initials _____ | | | | |

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TITLE

Black hexavalent chromium-free plating treatment system

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